

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 9838-

22

State\Territory: Montana

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60 — The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240
and 440.250 (a)(10) Comparability of Services

Except for those items or services for which sections (1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

1902(a) and 1902(a)(10),
1902(a)(52), 1903(v),
1915(g), and 1925(b)(4)
of the Act

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- X (iv) Additional coverage for pregnancy-related services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. 92-01

Supersedes 7

Approval Date 12/5/91

Effective Date 10/01/91

TN No. 89(10)10
90-25

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MONTANA

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☒ Yes, to all

☒ Yes, to individuals age 21 or over; SNF services are provided

☒ Yes, to individuals under age 21; SNF services are provided

☐ No; SNF services are not provided

☐ Not applicable; the medically needy are not included under this plan

TN # 81-4
Supersedes
TN # _____

Approval Date 1/28/81

Effective Date 10/1/80

Revision: HCFA-PM-93-8 (BPD)
December 1993

State/Territory: Montana

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 17 C1
Supersedes 92-01 Approval Date 1/10/94 Effective Date 10-1-93
TN No. 92-01

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MONTANA

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

TN # 76-19
Supersedes

Approved Date 2/9/77

Revised Date 10/1/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MONTANA

Citation
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

27

Revision: HCFA-PM-87-5
April 1987

(BERC)

OMB No.: 0938-0193

State/Territory: Montana

Citation
42 CFR 441.30
AT-78-90

3.1(f) (1) Optometric Services

Optometric services (other than those provided under 435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i) (1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

Under EPSDT, transplants are provided if determined to be medically necessary.

TN No. 91-15
Supersedes
TN No. 87(10)10

Approval Date 9/24/91Effective Date 4/1/91

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Montana

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
☐ 30 consecutive days;
☐ ___ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

☐ Yes. The requirements of section 1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

Covered services under the waiver.

TN No. 87(10)10
Supersedes
TN No. _____

Approval Date 11/17/87

Effective Date 4/1/87

HCFA ID: 1008P/0011P

JUN 29 1987